

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5
Kovach for Congress, Inc.

ADDRESS (number and street) PO Box 30498
 Check if different than previously reported. (ACC) Wilmington DE 19805

2. **FEC IDENTIFICATION NUMBER** ▼ C00503946 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) DE 00

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
11 / 27 / 2012 through 12 / 31 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Christopher M Marston
Signature of Treasurer Christopher M Marston [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 22 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Kovach for Congress, Inc.

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	800.00	200955.80
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	800.00	200955.80
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8130.67	199955.70
(b) Total Offsets to Operating Expenditures (from Line 14).....	305.99	56.43
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	7824.68	199899.27
8. Cash on Hand at Close of Reporting Period (from Line 27).....	162.46	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	16857.07	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Kovach for Congress, Inc.

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	550.00	156554.80
(ii) Unitemized.....	150.00	32741.00
(iii) TOTAL of contributions from individuals ▶	700.00	189295.80
(b) Political Party Committees.....	0.00	5400.00
(c) Other Political Committees (such as PACs).....	100.00	6260.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	800.00	200955.80
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	10000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	10000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	305.99	56.43
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	1105.99	211012.23

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8130.67	199955.70
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	8130.67	199955.70

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	7187.14
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1105.99
25. SUBTOTAL (add Line 23 and Line 24).....	8293.13
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8130.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	162.46

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 19
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Kovach for Congress, Inc.

A. Full Name (Last, First, Middle Initial)
MS. ELLEN BARROSSE

Mailing Address **551 HORSESHOE HILL**

City **HOCESSIN** State **DE** Zip Code **19707-9360**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SYNCHROGENIX** Occupation **EXECUTIVE**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 20 / 2012

Transaction ID : SA11.827

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARK FLYNN

Mailing Address **25 TURQUOISE**

City **LOS ALAMOS** State **NM** Zip Code **87544-2531**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HYDROBIOARS** Occupation **SCIENTIFIC PROGRAMMER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 16 / 2012

Transaction ID : SA11.825

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

550.00

550.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kovach for Congress, Inc.

A. Full Name (Last, First, Middle Initial)
KENT COUNTY REPUBLICAN WOMEN CLUB PAC

Mailing Address 942 WALKER RD

City DOVER State DE Zip Code 19904

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 27 / 2012

Transaction ID : SA11.830

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

ACCEPTABLE FUNDS VERIFIED

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

100.00

100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kovach for Congress, Inc.

A. Full Name (Last, First, Middle Initial)
CALLFIRE.COM

Mailing Address 1335 4TH ST STE 200

City SANTA MONICA State CA Zip Code 90401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
225.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 27 / 2012

Transaction ID : SA14.001

Amount of Each Receipt this Period
 225.99

CREDIT FOR UNUSED CALL TIME

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

225.99

225.99

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kovach for Congress, Inc.

Full Name (Last, First, Middle Initial) A. KEVIN ANGLIM		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 2207 CARLTON LN		Amount of Each Disbursement this Period 175.00 Transaction ID : SB.104
City WILMINGTON	State DE	
Zip Code 19810	Purpose of Disbursement GRASSROOTS CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANN BREJWA		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012
Mailing Address 320 DICKERSON LANE		Amount of Each Disbursement this Period 467.00 Transaction ID : SB.120
City MIDDLETOWN	State DE	
Zip Code 19709	Purpose of Disbursement GRASSROOTS CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ROB CLEMENS		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 1212 DELAWARE AVENUE C4		Amount of Each Disbursement this Period 1800.00 Transaction ID : SB.105
City WILMINGTON	State DE	
Zip Code 19806	Purpose of Disbursement CAMPAING MANAGEMENT CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2442.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kovach for Congress, Inc.

Full Name (Last, First, Middle Initial) A. ROB CLEMENS			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012	
Mailing Address 1212 DELAWARE AVENUE C4			Amount of Each Disbursement this Period 500.00	
City WILMINGTON	State DE	Zip Code 19806	Transaction ID : SB.106	
Purpose of Disbursement REIMBURSEMENT (SEE BELOW)		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. BRANDYWINE HUNDRED FIRE COMPANY			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012	
Mailing Address 1006 BRANDYWINE BLVD			Amount of Each Disbursement this Period 500.00	
City WILMINGTON	State DE	Zip Code 19809	Transaction ID : SB.219	
Purpose of Disbursement EVENT VENUE RENTAL		Category/ Type	[MEMO ITEM]	
Candidate Name		CLEMENS, 11/28		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. ROB CLEMENS			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2012	
Mailing Address 1212 DELAWARE AVENUE C4			Amount of Each Disbursement this Period 697.18	
City WILMINGTON	State DE	Zip Code 19806	Transaction ID : SB.122	
Purpose of Disbursement REIMBURSEMENT (SEE BELOW)		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1197.18
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kovach for Congress, Inc.

Full Name (Last, First, Middle Initial) A. BRANDYWINE HUNDRED FIRE COMPANY			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address 1006 BRANDYWINE BLVD			Amount of Each Disbursement this Period 75.00
City WILMINGTON	State DE	Zip Code 19809	
Purpose of Disbursement EVENT VENUE EXPENSE		Category/ Type	Transaction ID : SB.224 [MEMO ITEM] CLEMENS, 12/7
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. BRANDYWINE HUNDRED FIRE COMPANY			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address 1006 BRANDYWINE BLVD			Amount of Each Disbursement this Period 75.00
City WILMINGTON	State DE	Zip Code 19809	
Purpose of Disbursement EVENT VENUE EXPENSE		Category/ Type	Transaction ID : SB.225 [MEMO ITEM] CLEMENS, 12/7
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. JOSEPH YOUNG PROFESSIONAL AUDIO SYSTEM			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address 815 N GUERNSEY RD			Amount of Each Disbursement this Period 300.00
City WEST GROVE	State PA	Zip Code 19390	
Purpose of Disbursement AUDIO SYSTEM RENTAL		Category/ Type	Transaction ID : SB.222 [MEMO ITEM] CLEMENS, 12/7
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kovach for Congress, Inc.

Full Name (Last, First, Middle Initial) A. WALMART		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address 702 SW 8TH ST		Amount of Each Disbursement this Period 37.70
City BETONVILLE	State AR	
Zip Code 72716	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB.223
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] CLEMENS, 12/7
State: District:		

Full Name (Last, First, Middle Initial) B. JOSH HOVELN		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 314 CHRISTINE LANE		Amount of Each Disbursement this Period 100.00
City CLAYTON	State DE	
Zip Code 19938	Purpose of Disbursement GRASSROOTS CONSULTING	Transaction ID : SB.102
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. JOSH HOVELN		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 314 CHRISTINE LANE		Amount of Each Disbursement this Period 50.00
City CLAYTON	State DE	
Zip Code 19938	Purpose of Disbursement GRASSROOTS CONSULTING	Transaction ID : SB.103
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kovach for Congress, Inc.

Full Name (Last, First, Middle Initial) A. TOM KOVACH			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2012	
Mailing Address 1410 WILLIAM PENN LN			Amount of Each Disbursement this Period 2051.51	
City WILMINGTON	State DE	Zip Code 19803	Transaction ID : SB.121	
Purpose of Disbursement REIMBURSEMENT (SEE BELOW)		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. DOVER DOWNS HOTEL			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012	
Mailing Address 1131 N DUPONT HWY			Amount of Each Disbursement this Period 327.96	
City DOVER	State DE	Zip Code 19901	Transaction ID : SB.203	
Purpose of Disbursement TRAVEL - LODGING		Category/ Type	[MEMO ITEM] KOVACH, 12.20	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. FACEBOOK.COM			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012	
Mailing Address 1 HACKER WAY			Amount of Each Disbursement this Period 447.96	
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : SB.202	
Purpose of Disbursement ONLINE ADVERTISING		Category/ Type	[MEMO ITEM] KOVACH, 12.20	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	2051.51
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kovach for Congress, Inc.

Full Name (Last, First, Middle Initial) A. FILM BROTHERS		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012
Mailing Address 205 N MARKET ST		Amount of Each Disbursement this Period 25.00
City WILMINGTON	State DE	Zip Code 19801
Purpose of Disbursement VIDEO PRODUCTION	Category/ Type	
Candidate Name	Transaction ID : SB.206	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM] KOVACH, 12.20	

Full Name (Last, First, Middle Initial) B. BILL.COM		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2012
Mailing Address 3200 ASH STREET		Amount of Each Disbursement this Period 23.86
City PALO ALTO	State CA	Zip Code 94306
Purpose of Disbursement ACCOUNTING SERVICE	Category/ Type	
Candidate Name	Transaction ID : SB.107	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. BILL.COM		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012
Mailing Address 3200 ASH STREET		Amount of Each Disbursement this Period 30.45
City PALO ALTO	State CA	Zip Code 94306
Purpose of Disbursement ACCOUNTING SERVICE	Category/ Type	
Candidate Name	Transaction ID : SB.108	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	54.31
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kovach for Congress, Inc.

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 99.00
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement CC PROCESSING	Transaction ID : SB.109
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 746.67
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement DATABASE SERVICE	Transaction ID : SB.110
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CONSTANT CONTACT		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2012
Mailing Address 1601 TRAPELO RD		Amount of Each Disbursement this Period 50.00
City WALTHAM	State MA	
Zip Code 02451	Purpose of Disbursement E-MAIL SERVICE	Transaction ID : SB.111
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	895.67
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kovach for Congress, Inc.

Full Name (Last, First, Middle Initial) A. ELAVON MERCHANT SERVICES		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012
Mailing Address 1 CONCOURSE PKWY NE STE 300		Amount of Each Disbursement this Period 97.21
City ATLANTA	State GA	
Zip Code 30328	Purpose of Disbursement CC PROCESSING	Transaction ID : SB.112
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ELECTION CFO, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address PO BOX 26141		Amount of Each Disbursement this Period 1000.00
City ALEXANDRIA	State VA	
Zip Code 22313	Purpose of Disbursement COMPLIANCE CONSULTING	Transaction ID : SB.101
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 12.95
City MOUNTAIN VIEW	State CA	
Zip Code 94043	Purpose of Disbursement CC PROCESSING	Transaction ID : SB.113
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1110.16
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kovach for Congress, Inc.

Full Name (Last, First, Middle Initial) A. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 12.95
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement CC PROCESSING	
Candidate Name	Category/Type	Transaction ID : SB.114
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 12 / 25 / 2012
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 26.95
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement CC PROCESSING	
Candidate Name	Category/Type	Transaction ID : SB.115
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2012
Mailing Address 475 L'ENFANT PLZ		Amount of Each Disbursement this Period 25.00
City WASHINGTON State DC Zip Code 20536	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	Transaction ID : SB.117
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	64.90
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kovach for Congress, Inc.

Full Name (Last, First, Middle Initial) A. VERIZON		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2012
Mailing Address PO BOX 920041		Amount of Each Disbursement this Period 99.99
City DALLAS	State TX	
Zip Code 75392	Purpose of Disbursement CELL SERVICE	Transaction ID : SB.118
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. WUFOO		Date of Disbursement M M / D D / Y Y Y Y 12 / 25 / 2012
Mailing Address 285 HAMILTON AVE STE 500		Amount of Each Disbursement this Period 29.95
City PALO ALTO	State CA	
Zip Code 94301	Purpose of Disbursement WEB FORMS SERVICE	Transaction ID : SB.119
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	99.94
TOTAL This Period (last page this line number only).....	8065.67

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Kovach for Congress, Inc.** Transaction ID : **SC10.001**

LOAN SOURCE Full Name (Last, First, Middle Initial) THOMAS H KOVACH	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1410 WILLIAM PENN LN		

City	State	ZIP Code
WILMINGTON	DE	19803

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 31 / Y 2011	M M / D D / Y 10/1/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	10000.00
TOTALS This Period (last page in this line only).....	10000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

Kovach for Congress, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ROB CLEMENS		Nature of Debt (Purpose): CAMPAIGN CONSULTING; EXPENSE REIMBURSEME
Mailing Address 1212 DELAWARE AVE		
City State	Zip Code	
WILMINGTON	DE 19806	

Outstanding Balance Beginning This Period	Transaction ID : SD10.006	
<input type="text" value="5817.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="728.70"/>	<input type="text" value="3300.00"/>	<input type="text" value="3245.70"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ELECTION CFO, LLC		Nature of Debt (Purpose): COMPLIANCE CONSULTING
Mailing Address PO BOX 26141		
City State	Zip Code	
ALEXANDRIA	VA 22314	

Outstanding Balance Beginning This Period	Transaction ID : SD10.007	
<input type="text" value="2603.70"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>	<input type="text" value="2603.70"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ASSOCIATES INTERNATIONAL, INC		Nature of Debt (Purpose): PRINTING
Mailing Address 100 ROGERS RD		
City State	Zip Code	
WILMINGTON	DE 19801	

Outstanding Balance Beginning This Period	Transaction ID : SD10.002	
<input type="text" value="1007.67"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1007.67"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="6857.07"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="6857.07"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="10000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="16857.07"/>